MEDICAL STAFF COMMITTEE MANUAL
EFFECTIVE 1/1/04– 12/31/05

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GENERAL: The Committee Manual describes the makeup and duties of each committee except the Medical Executive Committee, which is described in the Medical Staff Bylaws. The voting rights of committee members are described in the Bylaws or the Committee Manual. The President of the Medical Staff is an ex-officio member of all committees.

Terms of Committee Members

Chairman:

All Medical Staff Committee Chairmen will be members of the Active Teaching Medical Staff. Unless otherwise specified, committee Chairmen shall be appointed for a term of 2 years and shall serve until the end of this period or until the member's successor is appointed, unless the member shall sooner resign or be removed from the committee.

Each Committee Chairman shall appoint a Vice Chairman to fulfill the duties of the Chairman in his or her absence and to assist as requested by the Chairman.

Member:

Unless otherwise specified, committee members shall be appointed for a term of 2 years and shall serve until the end of this period or until the member's successor is appointed, unless the member shall sooner resign or be removed from the committee, and provided that no more than half of a committee's membership rotate at any one time.

Removal

If a member of a committee ceases to be a member in good standing of the Medical Staff, or loses a contract relationship with a corporation contracted with Arrowhead Regional Medical Center (ARMC), or suffers a loss or significant limitation of practice privileges, or if any other good cause exists, that member may be removed by the Medical Executive Committee.

Vacancies

Unless otherwise specifically provided, vacancies on any committee shall be filled in the same manner in which an original appointment to such committee is made; provided however, that if an individual who obtains membership by virtue of these Bylaws is removed for cause, a successor may be selected by the Medical Executive Committee.

In addition to standing committees, the President may appoint ad hoc committees as required. Such committees will confine their work to the purposes for which commissioned and will report to the Executive Committee. They will not have the power of action unless such is specifically granted by the authority creating the committee. Special committees will meet as often as necessary to complete their work.

Section 1: Bylaws Committee

A. Composition

No less than three Medical Staff members appointed by the President. The President-Elect will serve as Chairman.

B. Duties

1. Ensure that the Medical Staff Bylaws, Rules and Committee Manual adequately and accurately describe the structure of the Medical Staff Organization.

2. The Bylaws, Rules and Regulations and Committee Manual are to be reviewed and updated as necessary to assure congruence with Medical Staff practice, but no less than annually.

3. Submit proposed modifications to the Executive Committee for action at least 45 days before the Annual Medical Staff meeting.

C. Meetings

The Committee will meet no less than annually and as requested by the Chairman.

Section 2: Continuing Medical Education Committee (CME)

A. Composition

The Medical Center's Medical Staff shall participate in the CME Committee and activities. The Committee shall be made up of members of the Medical Staff representing major departments of the Medical Staff; Performance Improvement; Nursing; Education; Administration and Pharmacy. The Chairman and members shall serve a 2-year term and the terms shall be staggered.

B. Duties

a. Provide comprehensive education goals and plans for CME
b. Oversee the annual budget and advise the Foundation of the financial needs of the CME program.
c. Assure that all CME accreditation standards are met.
d. Plan, implement, coordinate and promote ongoing special clinical and scientific programs for the Medical Staff.
e. Establish liason with the Performance Improvement Plan of the Medical Center in order to be apprised of the issues in patient care, which may be addressed by a specific continuing medical education activity.
f. Evaluate the Medical Library to determine the continuing quality and relevancy of materials and make recommendations to the Medical Executive Committee regarding library needs of the Medical Staff at least annually.

C. Meetings

The Committee shall meet as often as necessary, but at least quarterly. It shall maintain a record of its proceedings and report its activities and recommendations to the Medical Executive Committee.

Section 3: Credentials Committee

A. Composition

No less than seven members of the Active Staff with one member from the Departments of Medicine, Surgery, Women's Health Services, Family Medicine, Emergency Medicine and Behavioral Health.

B. Duties

1. Evaluate the qualifications of each applicant for Medical Staff appointment and reappointment, and of each Certified and/or Graduate Registered Nurse Anesthetist and Certified Nurse Midwife applying for clinical privileges.

2. Make recommendations for the granting or curtailing privileges, the granting of membership, and the assignment of departments and staff categories to the Executive Committee-based upon the review conducted.

3. Review the reports of proctoring submitted by departments and recommend the appropriate course of action to the Executive Committee.

4. Review proposed departmental descriptions of clinical privileges and recommend action to the Executive Committee.

C. Meetings

The Credentials Committee will meet no less than bi-monthly.

Section 4: Graduate Medical Education Committee

A. Composition

Department Chairmen, Medical Director, Program Directors of Residency Programs sponsored by the Medical Center, Director of Medical Education for Osteopathic Residency Programs, and one House Staff member elected by the House Staff. The Chairman of the Family Medicine Department will serve as Chairman. The Associate Administrators for Ambulatory Care, Professional Services, Patient Services, the Hospital Compliance Officer and Librarian are voting members of the Committee

B. Duties

1. Oversee the operation of Medical Center sponsored educational programs to ensure continuing approval by the applicable accrediting agency.

2. Review and act on requests for placement of undergraduate and graduate medical and Allied Health Professional (AHP) students.

3. Review and act on recommendations to assign the Medical Center residents to other facilities for clinical training.

4. Ensure that the holdings of the Medical Library are appropriate for Arrowhead Regional Medical Center.

5. Review and approve all requests for clinical clerkships.

6. Review reports from departments participating in the education of residents in Arrowhead Regional Medical Center based or affiliated program and take appropriate action.

7. Conduct a comprehensive review, at least annually, of all educational programs which use the Medical Center as a clinical training site.

8. Review and approve all resident job descriptions at least bi-ennially.

9. Provide quarterly reports to the Medical Executive Committee.

C. Meetings

The Committee shall meet no less than quarterly.

D. Institutional Coordination Subcommittee

1. Composition

The membership of this Subcommittee should be composed of but not necessarily limited to the Transitional Year Program Director, the Program Directors (or designees) of disciplines regularly included in the curriculum, the Program Directors (or designees) of each program sponsor, a resident member nominated by his/her peers, and the Chief Executive Officer (CEO) (or designee from administration) of the Medical Center. The CEO or the designee must not also be the Transitional Year Program Director. The Transitional Year Program Director serves as chair.

2. Duties

Responsible for conducting and monitoring the activities of the ACGME Transitional Year Residency Program. Details of responsibilities are described in ACGME Transitional Year Residency Program Requirements Section 11.A.C.2.a-j.

Shall report directly to the Designated Institutional Official (DIO) and Chair, Graduate Medical Education Committee at regular intervals as determined by the Designated Institutional Official.

3. Meeting

Shall meet no less than quarterly.

Section 5: Executive Committee

See Medical Staff Bylaws, Article XII.

Section 6: Committee on Interdisciplinary Practice (CIDP)

A. Composition

Physician representatives approved by the Medical Executive Committee and an equal number of nurses appointed by the Associate Administrator of Patient Services. At least one nursing representative will be a nurse practitioner. A representative of other Allied Health Professional (AHP) groups whose job descriptions are approved by the committee or who perform functions requiring standardized procedures will be appointed by the Executive Committee.

A quorum for conducting business shall consist of equal number of physicians and R.N.'s and one (1) person from Administration. The Administrator, may not serve in two (2) capacities.

B. Duties

1. Oversee dependent Allied Health Practitioners consistent with the requirements of Title 22 of the California Code of Regulations.

a. Review and approve job descriptions or not less than every 2 years.

b. Review and approve the criteria against which clinical competence is measured, not less than every 2 years.

2. Evaluate and make recommendations regarding:

a. The mechanism for evaluating the qualifications and credentials of AHPs who are eligible to provide hospital services.

b. The minimum standards of training, education, character, competence, and overall fitness of AHPs eligible to apply for the opportunity to perform hospital services.

c. Identification of hospital services which may be performed by an AHP, or category of AHPs as well as any applicable terms and conditions thereof; and

3. Make recommendations regarding appropriate monitoring, supervision, and evaluations of AHP's who may be eligible to perform hospital services.

a. Oversee expanded practice roles for registered nurses.

b. Identify functions requiring standardized procedures. Standardized procedures are required whenever any registered nurse practices beyond the scope of practice taught in the basic curriculum for registered nurses as contemplated by the California Nurse Practice Act (i.e., whenever special training and/or experience are necessary in order for the nurse to perform the procedure or practice in question)

4. Develop standardized procedures. Standardized procedures may be initiated by the appropriate department, the affected AHPs, or sponsoring or supervising practitioners. The CIDP is responsible for assuring that standardized procedures are a collaborative effort among administrators and health professionals, including physicians and nurses. Representatives of the category of AHPs who will be practicing pursuant to the standardized

5. Make sure each standardized procedure shall:

a. Be in writing and show the date or dates of approval by the CIDP.

b. Specify which standardized procedure functions registered nurses may perform and under what circumstances.

c. State any specific requirements which are to be followed by registered nurses in performing particular standardized procedure functions.

d. Specify any experience, training and/or education requirements for performance of standardized procedure functions.

e. Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform standardized procedure functions.

f. Provide for a method of maintaining a written record of those persons authorized to perform standardized procedure functions.

g. Specify the nature and scope of review and/or supervision required for performance of standardized procedure functions; for example, whether the functions must be performed under the immediate supervision of a physician.

h. Set forth any specialized circumstances under which the registered nurse is to immediately communicate with a patient's physician concerning the patient's condition.

i. State the limitations on settings or departments, if any, in which standardized procedure functions may be performed.

j. Specify patient record keeping requirements.

6. Review and approve standardized procedures for nurses in expanded roles and nurse practitioners, no less than every 2 years. Each standardized procedure requires approval from the appropriate Department Chairman and Nurse Executive before it is submitted to the Committee. Each standardized procedure requires approval of a majority of the physician representatives and a majority of the nursing representatives, and the administrative representative. Approved standardized procedures are presented to the Executive Committee for final approval.

7. Review the initial and annual verification of competence related to use of standardized procedures.

C. Provide quarterly reports to the Medical Executive Committee and Governing Body of action taken.

D. Meetings

The Committee shall meet no less than quarterly.

Section 7: Joint Conference Committee

By Resolution 94-57, the Board of Supervisors in March 1994 established a subcommittee known as the Joint Conference Committee whose purpose is to provide a systematic and effective mean for communication between the Board of Supervisors and the Medical Center's Administration and Medical Staff.

A. Composition

The Committee is made up of two members of the Board of Supervisors, selected by the Board of Directors of the Medical Center, the Medical Director of the Medical Center, the President, Immediate Past President, President-Elect of the Medical Staff Organization, Chief Operating Officer, Associate Administrator Professional Services, Associate Administrator Patient Services and Hospital Compliance Officer.

B. Duties

The Committee is responsible for providing periodic reports to the Board of Supervisors regarding the quality of medical care provided at Arrowhead Regional Medical Center.

C. Meetings

The Committee meets quarterly. The Committee is subject to the Ralph M. Brown Act (Government Code Sections 54950 et. seq.).

Section 8: Medical Ethics Committee

A. Composition

A Chairman, no less than two other members of the Active Medical Staff, and representatives from nursing, social services, administration, the clergy, and one non-hospital local community representative. Others may be appointed at the discretion of the Chairman.

B. Duties

1. Provide education to Medical Staff, employees and others as indicated about ethical issues.

2. Recommend policies and guidelines for the management of cases having ethical implications to the Medical Executive Committee. This includes but is not limited to patients' rights, and the withholding of medical care in life threatening situations.

3. Serve as an advisory body, if requested, in the management of cases, which have ethical implications.

C. Meetings

Committee shall meet as often as necessary at the call of its Chair. It shall maintain a record of its activities and report to the Medical Executive Committee.

Section 9: Nominating Committee

A. Composition

The President, President-Elect and the Immediate Past President of the Medical Staff. The President shall be Chairman of the Committee.

B. Duties

1. Select qualified candidates for President-Elect and Secretary-Treasurer of the Medical Staff.

2. Select qualified candidates for the two "At Large" members of the Executive Committee.

3. Submit the slate of nominees to the Executive Committee no less than sixty days prior to the end of the odd-numbered Medical Staff year and to the

Medical Staff no less than 30 days prior to the meeting at which the election will be held.

C. Meetings

The Committee shall meet as needed in the odd-numbered years.

Section 10: Physician Well-Being Committee

A. Composition

At least three physicians one of whom is designated as Chairman. Insofar as is possible, members of this Committee will not serve on the Quality Management Committee or on a peer review committee.

B. Duties

1. Offer assistance to impaired members of the Medical Staff and/or House Staff.

2. Receive and review reports related to the well-being or impairment of Medical Staff members and/or House Staff and, as appropriate, investigate such reports.

3. Provide advice, consultation, or appropriate referrals as may seem appropriate. Such activities shall be confidential. However, if the Committee receives information that demonstrates that the health or impairment of the Medical Staff Member or House Staff may pose a risk of harm to the Medical Center's patients or prospective patients, that information shall be referred to the Medical Director who will determine whether to refer the matter for a corrective action investigation.

4. Maintain confidential records on these individual physicians separate from the general records of the Committee, and report on its activities on a quarterly basis to the Medical Executive Committee.

5. With the approval of the Medical Executive Committee, develop educational programs or related activities pertaining to the health and well being of the member of the Medical Staff or House Staff.

C. Meetings

The Committee will meet as necessary at the call of the Chairman~~, but at least quarterly~~.

Section 11.0: Quality Management Committee

A. Composition

The President, President-Elect, Secretary-Treasurer, three Medical Staff Members, Associate Administrator of Professional Services, Associate Administrator Patient Services, Hospital Risk Management Coordinator, Hospital Compliance Officer and the following organizational staff: an ICU/ED Nurse, Med/Surg Nurse, Pharmacist, Physical Therapy, Medical Imaging, Environmental Services, Health Information Management, Information Services and Education. The President Elect of the Medical Staff will serve as Chairman.

B. General

The Quality Management Committee (QMC) may appoint other subcommittees and Task Forces as needed to carry out its duties. The subcommittees will confine their work to the purposes for which they are assigned and will report to the QMC. They shall have such authority as delegated by the QMC and will meet as often as necessary to complete their work.

C. Duties

1. Oversee and manage the Medical Center's quality assessment and performance improvement activities including those of the Safety and Risk Management programs.

2. Establish plan for performance improvement activities and assess its effectiveness annually.

3. Oversee and coordinate quality control activities.

4. Appoint subcommittees to oversee specific functions.

5. Receive and review reports from subcommittees and take appropriate action.

6. Establish organizational priorities for performance improvement activities.

7. Appoint and oversee Task Forces to address specific issues.

8. Educate providers and employees about the principles of performance improvement and the Medical Center's specific programs.

9. Provide quarterly reports to the Medical Executive Committee, which will then be submitted to the Joint Conference Committee.

D. Meetings

The Committee shall meet no less than quarterly.

Section 11.1: Blood Usage

A. Composition

A Hematologist, Pathologist, at least one other member of the Medical Staff, and a Blood Bank Technologist, and representatives from Nursing, Risk Management, Pharmacy, Performance Improvement and House Staff.

B. Duties

1. Review and approve the policies related to the acquisition, distribution and administration of blood and blood products.

2. Review the appropriateness and effectiveness of blood use based upon objective clinically valid criteria.

3. Oversee the system to identify transfusion reactions and evaluate same.

5. Assess the effectiveness of the systems for the acquisition, distribution, handling and administration of blood products.

6. Provide quarterly reports to the Quality Management Committee.

C. Meetings

The Committee shall meet no less than least quarterly.

Section 11.2: Pharmacy and Therapeutics

A. Composition

Representatives from the Medical Staff, Pharmacy, Nursing, House Staff and Risk Management, Performance Improvement, Nutrition Services and Administration.

B. Duties

1. Review and approve policies and practices related to medication ordering, preparation, administration, investigation of drugs and distribution.

2. Oversee the system for monitoring drugs for reactions and interactions.

3. Review and approve a formulary for use in the Medical Center.

4. Oversee the operation of the intravenous admixture program.

7. Monitor the appropriateness and effectiveness of the practices related to the ordering, evaluation, preparation, selection, distribution and administration of medication and related quality control activities.

8. Advise the Medical Staff and Pharmaceutical Service on matters related to the choice of available drugs.

9. Conduct an annual review of all ~~standing~~ pre-printed orders and revise as needed.

10. Review untoward drug reactions.

11. Evaluate clinical data concerning new drugs requested for use in the hospital.

12. Provide quarterly reports to the Quality Management Committee.

C. Meetings

The Committee shall meet no less than quarterly.

Section 11.3: Infection Control

A. Composition

Representatives from the Medical Staff, the Nurse Epidemiologist and House Staff, Nursing, Central Supply, Operating Room, Performance Improvement, Administration and Employee Health.

B. Duties

1. Review and approve policies and procedures related to infection surveillance, prevention and control for the Medical Center.

2. Coordinate the program to monitor the incidence of infections using objective clinically valid criteria.

3. Establish priorities for action based in part upon the results of surveillance monitoring.

4. Recommend as appropriate the actions to reduce the incidence of infections and minimize the risks of same.

5. Evaluate products with respect to infection control issues.

6. Ensure that appropriate quality control measures are in place and action is taken as appropriate based upon the results of these activities.

7. Oversee education related to infection control issues, for both employees and Medical Staff.

8. Schedule emergency surveillance, prevention and/or control measures when there is reason to believe that any patient or staff is in danger due to the nosocomial transmission of infection. The Chairman of the Committee, or designee or the Medical Center Epidemiologist may act for the Committee, which shall ratify the action at its next meeting.

9. Provide quarterly reports to the Quality Management Committee.

C. Meetings

The Committee shall meet no less than quarterly.

11.4 Health Information/Utilization Management

A. Composition

Representatives of the Medical Staff, Medical Records manager, representatives of Nursing, Administration, House Staff and Utilization Review, Performance Improvement.

Duties

1. Approve the format and structure of the medical record.

2. Establish standards for forms which are a part of the permanent medical record.

3. Standardize a universal order for the medical record.

4. Review and approve requests for abbreviations.

5. Review requests for new or revised forms and take appropriate actions.

6. Develop criteria for production, timely completion and availability and retention of records and monitor compliance therewith.

7. Establish criteria for assessing the completeness of documentation in the record and conduct ongoing evaluations of compliance therewith.

8. Monitor and evaluate the appropriateness of the practices related to resource use, using objective, valid criteria and recommend changes in practice as indicated.

9. Conduct quality control monitoring of the appropriateness of reviews conducted.

10 Review and approve the criteria against which medical necessity is evaluated.

11 Consult with providers as required regarding the appropriate use of resources in individual cases.

12 Review and update the utilization plan biennially for approval by the Medical Executive Committee and Joint Conference Committee.

13 Provide quarterly reports to the Quality Management Committee.

B. Meetings

The Committee shall meet no less than quarterly.

Section 11.5: Oncology Committee

A. Composition

A Chairman and representatives from General Surgery, Specialty Surgery, Medical Oncology, Internal Medicine, Family Medicine, Pathology, Radiology Oncology, Women's Health Services, Social Services, Nursing Service, Administration, Performance Improvement and such other services as indicated. The Cancer Registrar and Cancer Program Coordinator will be ex-officio members.

B. Duties

1. Develop and evaluate the annual goals and objectives for the clinical, educational, and programmatic activities related to cancer.

2. Promote a coordinated, multidisciplinary approach to patient management.

3. Ensure that educational and consultative cancer conferences cover all major sites and related issues.

4. Ensure that supportive care system is in place for patients, families, and staff.

5. Monitor quality management and improvement through completion studies and/or action on quality management studies that focus on quality, access to care, and outcomes.

6. Promote clinical research.

7. Supervise the cancer registry and ensure accurate and timely abstracting, staging, and follow-up reporting.

8. Perform quality control of registry data.

9. Encourage data usage and regular reporting.

10. Ensure that the content of the annual report meets requirements.

11. Publish the annual report by November 1 of the following year.

12. Provide quarterly reports to the Quality Management Committee.

C. Meetings

The Committee shall meet no less than quarterly.

D. Carlos B. Hilliard Memorial Tumor Board Sub-committee

1. Composition

The Chairman of the Oncology Committee and at least three additional members of the Medical Staff and representatives of Medical Center. The Tumor Registrar and Cancer Program Coordinator will be ex-officio members.

2. Duties

a. Provide consultation related to the management of cancer patients to Medical Staff members and to other physicians upon request.

b. Provide written reports of opinions and recommendations of the Board to the referring physician.

3. Meetings

The Sub-committee shall meet as called by the Chairman.

Section 11.6: Operative and other Invasive Procedures

A. Composition

Representatives from Anesthesia, Orthopedics, Surgery, Pathology, Women's Health, other Medical Staff departments as indicated, the Operating Room, Nursing, Risk Management, Performance Improvement, and the House Staff.

B. Duties

1. Review and evaluate the systems for scheduling, admitting and discharging surgical patients and recommend changes as indicated.

2. Evaluate the adequacy and appropriateness of available resources and recommend changes as indicated.

3. Ensure the safety of the environment in which operative and non-operative procedures are performed.

4. Recommend policies and procedures for the conduct of and operation of areas in which such procedures are performed.

5. Monitor and evaluate the appropriateness of the practices related to the selection of procedures, patient preparation, patient monitoring and patient education using objective, clinically valid criteria.

6. Provide quarterly reports to Quality Management Committee.

C. Meetings

The Committee shall meet no less than quarterly.

Section 11.7: Organ Transplant Committee

A. Composition

Members of the Medical Staff from Surgery, Nephrology, Behavioral Health and Nursing, Social Services, Dietary, Pharmacy, Performance Improvement, and the organ procurement agency. A transplant surgeon will serve as Chairman. The Transplant Coordinator will be an ex-officio member.

B. Duties

1. Determine patient eligibility for placement on the United Network for Organ Sharing Potential Recipient List.

2. Develop treatment protocols.

1. Evaluate patient outcomes.

2. Provide quarterly reports to Quality Management Committee.

C. Meetings

The Committee shall meet at least bi-monthly.

Section 11.8: Specialty Care

A. Composition

The Directors, and the Nurse Managers from Intensive Care Units, Performance Improvement, and a representative of House Staff.

B. Duties

1. Review and approve criteria for admission to and discharge from each of the units.

2. Evaluate the adequacy and availability of available resources and recommend changes as indicated.

3. Monitor and evaluate the quality of care provided in the units and take the action necessary to resolve problems identified.

4. Ensure the safety of the environment in each special care unit.

5. Review and approve policies and procedures for operation of each unit.

6. Monitor and evaluate the systems for management of codes.

7. Provide quarterly reports to the Quality Management Committee.

C. Meetings

The Committee shall meet no less than quarterly.

Section 11:9 Trauma Committee

A. Composition

Members of the Medical Staff from Surgery, Anesthesiology, Emergency Medicine, Orthopedics and Laboratory Medicine, and the Nurse Managers of the Operating Room, Emergency Room, and Surgical Intensive Care Unit and Performance Improvement. The Chairman will be the Chairman of the Department of Surgery or the Director of Trauma Services. The Trauma Coordinator will be an ex-officio member of the Committee.

B. Duties

1. Oversee the operation of the Trauma Program, including community outreach.

2. Make recommendations to the Executive Committee and Administration related to resources needed, provider qualifications, and other operational matters.

3. Oversee relevant performance improvement activities either directly or by review of information provided by other entities.

4. Oversee the operation of the Trauma and Burn Registries in compliance with all applicable regulations.

10. Coordinate and/or oversee appropriate educational programs related to the optimal management of trauma victims.

11. Provide quarterly reports to the Quality Management Committee.

C. Meetings

The Committee will meet no less than quarterly.